



On the Banks of the Allegheny

CITY OF WARREN
318 WEST THIRD AVENUE
WARREN, PA 16365-2388

TELEPHONE: (814) 723-6300

www.cityofwarrenpa.gov

FAX: (814) 723-3242

Please circle which playground your child will be attending: Beaty Crescent DeFrees
Lacy Mulberry

**CITY OF WARREN
PARKS AND RECREATION DEPARTMENT
2011 SUMMER PLAYGROUND APPLICATION**

Child's Information

Child's Name _____					Male
					Female
Child's Address _____					

Child's Age _____	Date of Birth _____		Home Phone _____		
Child's T-Shirt Size*	Youth	S	M	L	
	Adult	S	M	L	XL
<i>*Shirt size must be provided if child will be attending the field trips.</i>					
Type of transportation (Please Circle) Bike Walk Ride					

Parent/Legal Guardian's Information

Mother's Full Name _____		
Mother's Phone # (1) _____	(2) _____	(3) _____
Father's Full Name _____		
Father's Phone # (1) _____	(2) _____	(3) _____

Please list phone numbers in the order you wish to be contacted.

Emergency Contact Information

Name _____ Relation _____

Phone # (1) _____ (2) _____

Name _____ Relation _____

Phone # (1) _____ (2) _____

Please list phone numbers in the order you wish to be contacted.

Do you give permission for the child to ride the TAWC bus to and from certain activities during the 2011 playground season?

_____ Yes _____ No

The City of Warren Parks and Recreation Department invites people with disabilities to enjoy the benefits of recreation alongside people without disabilities. Our staff will work with you to make your experience safe and enjoyable.

We the undersigned parents or legal guardian of _____, do hereby consent and agree that the above named minor may participate in the City of Warren 2011 Summer Playground Program. It is agreed that the City of Warren, employees, instructors, or sponsors, assume no legal liability for injuries or other loss as a result of such participation. It is further agreed that this consent shall remain in full force and effect until the conclusion of the 2011 Playground Season or such time as the undersigned parent or legal guardian shall notify the Playground Supervisor in writing of the cancellation of this consent. We also agree to abide by all rules and regulations established by the City of Warren.

Signature of
Parent/Guardian: _____

Date: _____



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PARKS AND RECREATION DEPARTMENT**

EMERGENCY TREATMENT PERMISSION FORM

I, _____, residing at
_____, do hereby state that I am the
natural parent and/or legal guardian of _____, a minor, whose
date of birth is _____, whose age is _____, and who resides at
_____.

I hereby authorize the bearer of this letter, The City of Warren Employee, who's place of employment is 318 West Third Avenue, Warren PA 16365 (Municipal Building), to consent of any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care, to be rendered to the said minor child, provided that said care be under the general or special supervision of a licensed physician and/or surgeon, and provided that under the circumstances it is not reasonably feasible to obtain my actual consent before rendering necessary medical or surgical treatment. I will be responsible for any costs of same. I also certify said minor child is covered under

Insurance Plan: _____

Policy Holder: _____

Child's Physician _____ Phone _____

Child has the following medical conditions (please include motion sickness):

Child's allergies:

Medication the child is taking:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DATE

SIGNATURE OF NATURAL PARENT AND/OR
LEGAL GUARDIAN



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Publication/Website Photo Permission Form

Please fill out and sign the appropriate statement to either grant or decline permission to use photos of your children on the City of Warren website and/or for other publications.

To GRANT permission to use photos:

I, _____ (Parent) **GRANT permission** for the City of Warren

to publish photos of _____ (Child) in the City's various forms of publications or on the City's website. I give the City of Warren the perpetual, royalty-free right to use my child's photo(s) in any manner including, but not limited to, publications and websites.

I understand that both the various publications and websites have a large audience and the photo will be available to the general public. I further understand that the City of Warren assumes no liability or responsibility whatsoever concerning any consequences of such use.

I understand that if I give notice to the City of Warren's Recreation Director and/or the City Manager that I object to any particular photo on the website, it will be removed as soon as possible.

Publications of these photos may include first names for identification purposes unless I check the box below that I do not give permission for my child's name to be used.

☐ Please DO NOT include my child's first name with the photo.

SIGNED _____ Date _____

To REFUSE permission to use your child's photo:

I, _____ (Parent) **REFUSE** to grant permission for the City of

Warren to publish photos of _____ (Child) in any publications or on the City's website. Any pictures which include a recognizable photo of my child may not be used unless I change this statement with particular written permission to the contrary for that instance.

SIGNED _____ Date _____